(HZ/RC/AT (

OMB#: 2050-0028 Expires 06/30/2009

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SEND COMPLETED United States Environmental Protection Agency FORM TO:							
The Appropriate State or EPA Regional Office.	RCRA SUBTITLE C SITE IDENTIFICATION FORM						
1. Reason for	Reason for Submittal:						
Submittal (See instructions on page 13.)	To provide Initial Notification of Regulated Waste Activity (to obtain an EPA ID Number for hazardous waste, universal waste, or used oil activities)						
	To provide Subsequent Notification of Regulated Waste Activity (to update site identification information)						
MARK ALL BOX(ES) THAT APPLY	☐ As a component of a First RCRA Hazardous Waste Part A Permit Application						
	☐ As a component of a Revised RCRA Hazardous Waste Part A Permit Application (Amendment #)						
	☐ As a component of the Hazardous Waste Report						
2. Site EPA ID Number (page 14)	EPA ID Number 17 X 18 10 10 10 10 10 17 19 11 18 13						
3. Site Name	Name:						
(page 14)	NTB # 809			3			
4. Site Location	Street Address: 35901. Grapevine Mills . Rat PKWY						
(page 14)				State: 1X			
	County Name: TARRANT Zip Code: 7000						
5. Site Land Type (page 14)	Site Land Type: ☑ Private ☐ County ☐ District ☐ Federal ☐ Indian ☐ Municipal ☐ State ☐ Other						
6. North American Industry	A. B. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1.			l			
Classification System (NAICS) Code(s) for the Site (page 14)	C. D. I.						
7. Site Mailing Address	Street or P. O. Box: 823 Donald 12055 17d						
(page 15)	City, Town, or Village:	\wedge					
	State: Florida						
	Country:		Zip Code: ろろ4	108			
8. Site Contact	First Name: Daylet	IVII:	Last Name:	iC(
Person (page 15)	Phone Number: Extension: Email ac SCV - 383-3000 ZU ZU		Email address:	ddress:			
9. Operator and	A. Name of Site's Operator:		Date Became Operator (mm/dd/yyyy):				
Legal Owner	N 18		1-31-08				
of the Site	al □ State □ Other						
(pages 15 and 16) B. Name of Site's Legal Owner: Date Became Owner (mm							
	Pavilion NTB- Grapevineup 1-31-08						
RICE Wher Type: (Frivate County District Federal Indian Municipal State Other							
EPA Form 8700-1	EPA Form 8700-12 (Revised 7/2006) Page 1 of 3						

MAY 19 2000

REGISTRATION & REPORTING 12270

EPA ID NO: II_				OIMB#: 2050-0028 Expires 06/30/2009		
9. Legal Owner	Street or P. O. Box: 5(105	s Carr	regie	Blud, Ste 110		
(Continued) Address	City, Town, or Village: (MCVIC+)					
	State:					
	Country:		2	Zip Code: 28209		
10. Type of Regulat Mark "Yes" or "	ed Waste Activity No" for all activities; complete any add	ditional boxes as	instructed. ((See instructions on pages 17 to 20.)		
A. Hazardous V Complete all	Vaste Activities parts for 1 through 6.					
	or of Hazardous Waste		Y□ N□ 2.	Transporter of Hazardous Waste		
If "Yes", choose only one of the following - a, b, or c.			Y□ N□ 3. Treater, Storer, or Disposer of			
☐ a.L(QG: Greater than 1,000 kg/mo (2,200 lbs of non-acute hazardous waste; or		Hazardous Waste (at your site) Note: A hazardous waste permit is required for this activity.			
□ b. S	QG: 100 to 1,000 kg/mo (220 - 2,200 lbs of non-acute hazardous waste; or	Y□ N□ 4.	Recycler of Hazardous Waste (at your site)			
`\pCo!c	ESQG: Less than 100 kg/mo (220 lbs./m of non-acute hazardous waste	Y□ N□ 5.	Exempt Boiler and/or Industrial Furnace If "Yes", mark each that applies.			
In additio	n, indicate other generator activities.			a. Small Quantity On-site Burner Exemption		
Y□ N□ d. United States Importer of Hazardous Waste				☐ b. Smelting, Melting, and Refining		
Y□ N□ e. N	lixed Waste (hazardous and radioactive)	Generator	Y□ N□ 6.	Underground Injection Control		
B. Universal Waste Activities			C. Used Oil Activities Mark all boxes that apply.			
Y□ N□ 1. Large Quantity Handler of Universal Waste (accumulate 5,000 kg or more) [refer to your State regulations to determine what is regulated]. Indicate types of universal mark all boxes that apply: Manage Mana			Y□ N□ 1. Used Oil Transporter If "Yes", mark each that applies. □ a. Transporter □ b. Transfer Facility			
a. Batter b. Pestic			Y□ N□ 2.	Used Oil Processor and/or Re-refiner If "Yes", mark each that applies.		
c. Mercu	ry containing equipment			b. Re-refiner		
d. Lamp:			Y 14 3	Off-Specification Used Oil Burner		
e. Other						
	(specify)			 Used Oil Fuel Marketer If "Yes", mark each that applies. a. Marketer Who Directs Shipment of 		
Y□ N□ 2. · Destination Facility for Universal Waste Note: A hazardous waste permit may be required for this activity.				Off-Specification Used Oil to Off-Specification Used Oil Burner b. Marketer Who First Claims the Used Oil Meets the Specifications		

PAID NO:	III II		_ _	OMB#:	2050-0028	Expires 06/30/2009
11. Descriptio	on of Hazardous Wa	stes (See instruction	ons on page 21.)			
handled	odes for Federally F at your site. List then al page if more space	n in the order they a	us Wastes. Please list tree presented in the regu	he waste codes of the Fo ations (e.g., D001, D003	ederal hazar , F007, U112	dous wastes 2). Use an
)r 08	DOCL	DOSE	0040			
hazardou	Codes for State-Regu us wastes handled at aces are needed for w	your site. List them	deral) Hazardous Wast in the order they are pre	es. Please list the waste esented in the regulations	codes of the	e State-regulated Iditional page if
12. Comment	ts (See Instructions	on page 21.)				
in accordance on my inquiry information su penalties for s For the RCRA	with a system design of the person or persipmitted is, to the best submitting false inform	ned to assure that quots who manage the tof my knowledge a nation, including the	is document and all attactualified personnel proper e system, or those personnel belief, true, accurate possibility of fine and im tion, all operator(s) and	ly gather and evaluate to ns directly responsible for and complete. I am awa prisonment for knowing	ne information or gathering the are that there violations.	n submitted. Based the information, the are significant
-	operator, owner, or presentative	an Name and C	Official Title (type or pr	int)		Date Signed (mm/dd/yyyy
Da A	Zahroush	David	ZOMOUSK	Director o	(V.S	K 2-2508
	<u>/</u>			•		

NTB 809 823 DONALD ROSS RD JUNO BEACH, FL 33408 ATTN: DAVID ZOLNOWSKI



ACKNOWLEDGMENT OF RCRA SUBTITLE C SITE IDENTIFICATION FORM

This is to acknowledge that you have filed a RCRA Subtitle C Site Identification Form for the facility located at the address shown in the box below to comply with Section 3010 of the Resource Conservation and Recovery Act (RCRA). Your EPA Identification Number for that facility appears in the box below. The EPA Identification Number must be included on all shipping manifests for transporting hazardous wastes; on all Annual Reports that generators of hazardous waste, and owners and operators of hazardous waste treatment, storage, and disposal facilities must file with EPA; on all applications for a Federal Hazardous Waste Permit; and on other hazardous waste management reports and documents required under Subtitle C of RCRA. A Subsequent RCRA Subtitle C Site Identification Form is required should any information on the original document change.

EPA I.D.Number:

TXR000079183

Facility Name and Address:

NTB 809

3590 N GRAPEVINE MILLS PKWY

GRAPEVINE, TX 76051